

Utah Behavioral Health Planning and Advisory Council
Preliminary Meeting Minutes
November 30, 2015, 1:00-3:00 pm, MASOB, room 4051,
Multi-Agency State Office Building (MASOB)
195 N 1950 W, Salt Lake City

“Our mission is to ensure quality behavioral health care in Utah by promoting collaboration, advocacy, education, and delivery of services.”

ATTENDEES: Kimball Gardner, Carol Ruddell, Lori Cerar, Michelle Vance, Nicole Fraedrich, Peggy Hostetter, Ron Bruno, Valerie Fritz, William Bryant, ken Rosenbaum, erin Sullivan, Melissa Galvin, Leif Oldert, Jeremy Allen, Clair Montoya, Jamie Winn and Sarah Greenwell

DSAMH STAFF: LeAnne Huff, Jeremy Christensen, Brent Kelsey, Heather Lewis, Pete Caldwell, Shanel Long and Susan Hardinger

REMOTE ATTENDANCE: Mary Jo McMillan- telephone

1. Welcome, Introductions and Announcements:

Kimball Gardner welcomed all in attendance and introductions were made.
Kimball thanked everyone for all they do and for being on the UBHPAC council.

Ginger Phillips asked to be excused.

Michelle Vance asked for clarification on the Justice Reinvestment funds.
The Utah Department of Corrections received funds for substance abuse treatment for individuals in jails and prisons. DSAMH set the standards for how the funds were dispersed except for sex offenders. The Department of Corrections handle that sector.

Michelle Vance announced the upcoming **MOVE Utah Art Show** will be December 4 from 6 pm-9 pm at 270 South Rio Grande Street in Salt Lake City. This is a collaboration of art from young adults who want to break down the stigma of mental illness and addiction. There will be a photo booth, live slam poetry and prints for sale. Michelle asked that we share this information.

2. Review, approve and vote on October 26, 2015 minutes

Valerie Fritz made the motion to approve the October 26 meeting minutes with recommended amendments on page 3.

Michelle Vance seconded the motion. All were in favor.

3. Division Reports/Information

a. DSAMH budget process “mini training” Jeremy Christensen

1- Priorities/Budget

The Strategic Plan has 5 categories. It is on the web and in the Annual Report. We are still working on a few things before posting. It is broken down into objectives and metrics for outcomes and who is responsible for those within the Division and for following up on them.

The budget especially for the Block Grant, is based on priorities and strategic goals. The budget is largely determined by available funding given by the State Legislature and federal grants. There are requirements by statute on how the money is spent. We look at where the gaps in services are from input we receive, we take it to the Department of HS as do the other state divisions and they propose what the Governor puts in the budget. We can only talk about what the Governor has approved. We look at the governor’s budget when it comes out. If something is missing that we feel is important, we can advise the council but we can’t recommend it be added. We can educate legislature based on their questions during the Legislative session. The proposed budget generally comes out during the first week of December.

There are constraints with the SA Block Grant, MH Block Grant and other grants. We are bound to administer them as we said we would in the application. Some grants we have received recently are the Supported Employment Grant and CABHI Grant.

When grants come up we will bring the information to this meeting for more input from this Council and have it an agenda item.

The block grant parameters: Send money out to the Local Authorities on formula to fill gaps where they feel it is most needed to provide services in their local areas. Another point of contact you can have influence on is at the local level. We reserve a portion of the money at the Division and we have some guiding principles that we have to follow when administering that money. We do have discretion on how we spend the Block Grant money. Service must be available statewide.

We can give updates on budget as often as this Council would like.

We send reports to the Legislature and feds on what we are doing with the money. We can use funding for certification and trainings, conference sponsorships, i.e. Generations Conference, Substance Abuse Conference and others that have statewide reach.

Let DSAMH know if needs are not being met. We are always open to feed back.

The Block Grants are on a 2-year cycle.

There was a discussion on formalizing recommendations from the Council.

2- Trends/Behavioral Health

b. **Mental Health Block Grant Submission** presented by LeAnne Huff

This is basically a progress report from a year ago to see if we have achieved the goals or have not achieved them.

We submitted our big grant a year ago. One of the new things that the federal government asked is that the UBHPAC provide a written report on the grant and the process. On December 1 is when we provide our annual report on our 2014 goals. Shanel Long and LeAnne Huff have been trying to collect information on the performance indicators. They have also requested a letter from this Council on the review of the report as well.

This council is federally mandated to provide feedback on the mental health block grant review and advocate for needs and gaps that they see in the State.

LeAnne provided information on the screen for attendees to follow along and started with Table One Priority Areas. On the mental health side we have five areas that we went through. This is smaller than what we have to do for the substance use side.

Goal 1 was to provide services to the following priority populations; interveinous drug users, women who are pregnant and have substance use or mental health issues, parents with substance use or mental health disorders, children with serious emotional disturbances and their families, adults who have serious mental illness and individuals who have tuberculosis. How do we improve services to these target populations. The compliance indicators a-f are what we have with the local authorities to provide services.

For each of the indicators that we have it would show if the goals were achieved. All goals were achieved.

Goal 2 was to improve coordination and integration of substance use disorders and mental health treatment with physical health providers. We came up with two performance indicators; increase in number of referrals to the public behavioral system to the physical system and meet the goals of individuals receiving SUD services being served by Medicaid and insurance. We are still working on achieving the 20% referral increase.

We collect our data from TEDS and SAMHS. The information is collected at admission then again at discharge by the 13 local mental health authorities and the contracted substance use providers.

There was a discussion on treatment.

17,000 people are served in the substance use system. 90% of them are below the poverty level. We look each year at how many people need services but cannot get it. We are looking at 120,000 people. 20% of the population needs treatment. We do not have the capacity to meet the existing need.

Goal 3

Substance use disorders and mental health prevention and treatment services and promotion. This focus is on prevention to avoid problems later on and promote mental health at a younger age. Indicators was lifetime marijuana use decrease and we achieved that. The 30 day goal for marijuana use was not achieved. Reduction in statewide use of

opiates-we did not achieve that goal. Reduce the number of overdose deaths has been achieved. Increase the number of train the trainer, trainers. This goal was achieved. Number of CTC (Communities That Care) increased. They are increasing but have not totally achieved that goal.

Develop a plan to improve services within the following populations within the state: American Indian, military personnel and their families, individuals with mental or substance use disorders who live in rural areas who are homeless and are in underserved racial or LGBT populations. Indicator is by admission of these individuals and the goal was achieved.

Goal 4

Plan for and implement Systems of Care for persons with mental health or substance use disorders. Indicators are local authorities will use vouchers for recovery services. That goal was not achieved. Use of mental health and substance use scorecards was achieved.

This is your overall report of how things are going on the mental health side in the State. The indicators for substance use and mental health lay out about the same. However, the data on substance use is huge.

Substance Use

The focus in this area is mostly prevention.

A review of the goals and indicators was made and whether those goals were met or not.

Because we oversee the public substance use providers they are a part of the reporting. There about 85 of them. There are 400-600 private providers which we are not connected to so they are not a part of the reporting.

Davis County has piloted the tool and feels it has been very helpful.

**LeAnne Huff will invite someone from Davis County to attend the next UBHPAC meeting to talk about the screening tool.*

c. Monitoring Visits was tabled due to time constraints.

Brent Kelsey said that all substance abuse providers should meet a minimum standard.

On **December 3** there is a meeting of the Health Reform Taskforce which will address, in part, licensing of all substance abuse treatment providers and oversight. Licensing and DSAMH is presenting this meeting. The hearing is at **1:00 pm in Room 30 of the State Capitol**. There is public comment and interested persons would need to get on the schedule if they want to provide input. The live audio for this hearing can be found at le.utah.gov

Diane Moore is the new Director of Licensing. She understands the issues with the need to license all substance use providers.

Kim Gardner made the motion to form a one topic workgroup that would draft a letter which would go to the Executive Committee for approval then to the UBHPAC Council for approval. The Motion was seconded by Peggy Hostetter and all approved of the motion.

The ad hoc workgroup will be staffed by Brent Kelsey with the following to be a part of the group: Valerie Fritz, Mary Jo McMillen, Peggy Hostetter, Erin Sullivan and Jeremy Allen. LeAnne Huff will take the lead on this group.

Due to lack of time the following items were tabled.

4. **Budget priorities for 2018 (2-3 priorities to perhaps consider)**
5. **2017 Budget**
6. **Homeless coalition (Peggy Hostetter)**
7. **QPR to Council sometime in the future**

8. **Hold meeting in December?** (Monday after Christmas day weekend)
There will be no UBHPAC meeting in December. However there will be two in January; 4 and 25

9. **Member input/open discussion**

The meeting adjourned at 3:00 p.m.

Next Meeting: January 4, 2016 at 1:00 pm

Thank you for your support of the UBHPAC!

To join this meeting remotely, please use the following information--

1. RSVP to lori@allieswithfamilies.org no later than Monday morning at 10:00 am
2. She will send you an invitation with a go-to-meeting link to be connected
3. If you don't have speakers on your computer, there is also a number to call that will connect you – it is included with the link.

The State provides reasonable accommodations to the known disabilities of individuals in compliance with the Americans with Disabilities Act. For accommodation information or if you need special accommodations during this meeting, please contact the Division of Substance Abuse and Mental Health at (801) 538-3939 or TTY (801) 538-3696.

The State has adopted a stipend policy that will pay for reasonable travel expenses related to consumers and advocates attendance at UBHPAC meetings. For more information please visit www.dsamh.utah.gov – Initiatives – Behavioral Health and Advisory Council – Information & Forms – UBHPAC Stipend Policy.